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**APPLICANTS**

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**\*\* CONTINUING DATA** \*\*\*\*\* *None*

**\*\* FOREIGN APPLICATIONS** \*\*\*\*\* *Not received DBC*  
 JAPAN 2001-003039 01/10/2001

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 03/12/2002

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 15	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Dale B. Schaefer - DBC</i> Examiner's Signature Initials	Allowance			

**ADDRESS**

22850

**TITLE**

System and method for management of various works in hospitals

FILING FEE RECEIVED 1122	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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